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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner Kyle M. Pendergrass
Art Unit: 2624

DATE: March 28, 2005

FROM: Lawrence J. McClure

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 10

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MESSAGE:

Patent Application No.: 09/870,010; Our Ref. 83300.0003

I hereby certify that the following documents:

- ☒ Amendment
- ☒ Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

March 28, 2005
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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9306 ART UNIT 2624

CLIENT NUMBER: 83300.0003

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 83300.0003
Patent Application No. 09/870,010

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Tetsuji YAMAGUCHI, et al.

Serial No: 09/870,010

Confirmation No.: 8423

Filed: May 29, 2001

For: SYSTEM AND METHOD OF MANAGING IMAGE
DATA IN NETWORK

Art Unit: 2624

Examiner: Kyle M. Pendergrass

MAR 28 2005

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Commissioner for Patents
P.O. Box 1450
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March 28, 2005

Date of Deposit

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Name

Signature

03/28/05

Date

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	4	-	20	0	LG=\$50 SM=\$25	\$0	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3	0	LG=\$200 SM=\$100	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
Independent Claims: 1 and 3						TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.☐ A check in the amount of \$___ to cover the extension fee is enclosed. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: March 28, 2005

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Los Angeles, California 90071
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Appl. No. 09/870,010
Amdt. Dated March 28, 2005
Reply to Office Action of January 3, 2005

Attorney Docket No.83300.0003
Customer No.: 26021

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Tetsuji YAMAGUCHI, et al.
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NETWORK

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Alexandria, VA 22313-1450 on

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Diane Zynn

Name

Signature *Diane Zynn*

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AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated January 3, 2005, please amend the
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.